

Medi-Cal Monthly Update

2010 November 2010

HEALTH INSURANCE QUESTIONNAIRE DHCS 6155

This is to remind staff about the change in procedures regarding the DHCS 6155, Health Insurance Questionnaire (HIQ). The Department of Health Care Services (DHCS) no longer requires counties to forward the DHCS 6155 form once completed by the applicant or beneficiary with Other Health Care Coverage (OHC) information. However, the State still requires the DHCS 6155 to be completed by Medi-Cal applicants and beneficiaries and then filed in the case record. After updating LEADER with the OHC information, DHCS receives the data electronically.


This change has also affected the way counties can request to modify or terminate any OHC information. DHCS has a dedicated e-mail address (WATS@dhcs.ca.gov) to receive OHC modification information or OHC termination requests. No faxes or verification are required. The County is only required to provide proof of termination upon request from DHCS. Contact Medi-Cal Program if there are specific OHC questions.

ACWDL 09-25, dated May 5, 2009




IN THIS ISSUE:

 Health Insurance Questionnaire DHCS 6155

 Who Needs Your Two Cents Anyway?

 Be On The Look-Out For Sneede

 Are Advocates Entitled to Case Information?



WHO NEEDS YOUR TWO CENTS ANYWAY?

We do ! !.....Remember, whenever making any changes or performing any type of activity on your case, documentation to LEADER Case Comments is vital. It is important, not only in ensuring that an accurate record of activity is maintained, but also for times when someone other than you is reviewing the case. Your comments tell the story and should give the reader a clear understanding of what happened, why it happened and what was done to correct or resolve the issue. So go ahead.....give us your two cents.

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BE ON THE LOOK-OUT For SNEEDE

Be Aware - If you have a case that contains the following case member(s), you could have a **potential SNEEDE case**



-  Unmarried Couple
-  Stepparent
-  Child With Their Own Income
-  Caretaker Relative

How....you say?

If, at anytime, you have a case that contains the above mentioned household members, and it is determined the household will have a share of cost (SOC) or Excess Property, then your case should be evaluated under SNEEDE regulations.

(Note: A case consisting of Sneed Class Members without a SOC or Excess Property does not equal a Sneed case)

So....when reviewing your case for an eligibility determination, be on the look-out for these type of case members and the circumstances that warrant a SNEEDE evaluation. If you discover that LEADER is not evaluating properly, first make sure the Household Relationship screen is completed properly. This is the main reason why LEADER fails to evaluate for SNEEDE.




For more information on SNEEDE, Ref: Medi-Cal Eligibility Procedures Manual, Article 8, Section 50373 and 50226

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Are Advocates Entitled to Case Information?

When receiving an inquiry from an advocate attempting to gather information on an applicant/beneficiary case, it is important for staff to understand that it is permissible to grant such requests with the proper authorization. You must either have written consent on file or receive verbal consent from the client; otherwise such requests must be declined until permission is received. When contacted by an advocate with such a request, document LEADER case comments with the advocate's name, phone number and their affiliated organization and:

-  Inform the advocate that due to confidentiality rules it is prohibited by law to release any information without first obtaining authorization from the beneficiary.
-  Suggest that the advocate call you back with the applicant/beneficiary on the phone via their conference line and once connected.
-  Confirm the beneficiary has knowledge of the advocate's request and inform them of your obligation to receive their authorization prior to releasing any information.

When initiating or receiving contact from the applicant/beneficiary, verify that you are indeed speaking with the intended party and ensure all details of the conversation are well documented for future reference.

Note: Advocates also have access to a recipient's information and there may be times when they call to report changes or discrepancies in case information. Should this happen, accept the information, but before initiating any changes to your case, verify the information.

It is imperative that staff keep in mind that confidentiality is mandatory and it is our responsibility to ensure that an applicant's/beneficiary's information is maintained confidential at all times.

Ref.: AM 09-29, Dated 05/12/10 and MEPM Section 50111, 2H

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